

## Operationalizing Response-To-Intervention (RTI)

### As a Method of LD Identification

Drs. Doug and Lynn Fuchs, May 2005

#### **Step 1: Screening** (Responsibility: General Education and Special Education)

In the first month of the school year, students are screened to identify those “at-risk.”

*Acceptable Practices:* (1) The previous year’s state assessment scores are reviewed to identify any student scoring below the 25<sup>th</sup> percentile in reading or math; OR (2) An achievement test is administered to all children in a given grade, with at-risk children designated as those scoring below the 25<sup>th</sup> percentile. NOTE: Students can also be referred by teachers or parents.

*Best Practices:* (1) Every student is assessed using brief screening tools that demonstrate diagnostic utility for predicting performance on the reading and math state assessments (in the elementary grades) or on the local graduation requirements (at the secondary level); OR (2) Only those students who perform below the 25<sup>th</sup> percentile on the previous year’s state assessment or who perform below the 25<sup>th</sup> percentile on a more current achievement test are screened individually with tools that have diagnostic usefulness.

## Operationalizing Response-To-Intervention (RTI)

### As a Method of LD Identification

Drs. Doug and Lynn Fuchs, May 2005

#### **Step 2a: Implementing General Education** (Tier 1; Responsibility: General Education)

Student receives instruction in general education, in conjunction with No Child Left Behind and Adequate Yearly Progress provision.

*Acceptable Practice:* School districts implement general education.

*Best Practice:* School districts choose evidence-based curricula and instruction. The districts provide relevant professional development. Teachers implement the curricula and instruction, and fidelity of implementation is documented.

#### **Step 2b: Monitoring Responsiveness to General Education** (Responsibility: General Education and Special Education)

At-risk students are monitored for 8 weeks to identify the subset who respond inadequately to general education.

*Acceptable Practice:* At the end of 8 weeks, at-risk students are administered the screening tool or a brief standardized achievement test in the area of risk. Adequate Tier 1 response is operationalized with a score above the 16<sup>th</sup> percentile.

*Best Practice:* At-risk students are assessed every week for 8 weeks in the area of risk (reading and/or math) using brief monitoring tools. Adequate Tier 1 response is operationalized using (a) local or national normative estimates for weekly improvement OR (b) criterion-referenced figures for weekly improvement. If (a) and (b) are unavailable, then adequate Tier 1 response is operationalized as “some improvement” (i.e., a slope greater than the standard error of estimate of the slope).

## Operationalizing Response-To-Intervention (RTI)

### As a Method of LD Identification

Drs. Doug and Lynn Fuchs, May 2005

#### **Step 3a: Implementing a Supplementary, Diagnostic Instructional Trial** (Tier 2; Responsibility: General Education and Special Education)

Tier 1 non-responders receive a 10-week supplementary, diagnostic instructional trial. This trial is explained to parents in a letter or face-to-face meeting. Written parental consent is required for the trial to proceed.

*Acceptable Practice:* The special educator and colleagues (e.g., school psychologist, speech/language clinician) collaboratively problem-solve to design a supplementary, diagnostic instructional trial tailored to the needs of the student. This instruction may be implemented by the classroom teacher, but would more likely be conducted by a specialist or aide under the supervision of the teacher or a specialist.

*Best Practice:* The Tier 1 non-responder participates in small group instruction with no more than 2 additional students who share similar instructional strengths and weaknesses. The group is taught at least 3 times per week, 30 minutes per session, by a certified teacher or aide who can accurately implement an evidence-based tutoring protocol.

#### **Step 3b: Monitoring Responsiveness to a Supplementary, Diagnostic Instructional Trial** (Tier 2; Responsibility: General Education and Special Education)

Response to the 10-week Tier 2 supplementary, diagnostic trial is monitored to identify the subset of students who respond inadequately (i.e., Tier 2 non-responders). Parental feedback is provided in a written report, a telephone call, or a face-to-face meeting.

*Acceptable Practice:* At the end of 10 weeks, at-risk students are administered the screening tool or a brief standardized achievement test in the area of risk. Adequate Tier 2 response is operationalized with a score above the 16<sup>th</sup> percentile.

*Best Practice:* At-risk students are assessed every week for 10 weeks in the area of risk (reading and/or math) using brief monitoring tools. Adequate Tier 2 response is operationalized using (a) local or national normative estimates for weekly improvement OR (b) criterion-referenced figures for weekly improvement. If (a) and (b) are unavailable, then adequate Tier 1 response can be operationalized as “some improvement” (i.e., a slope greater than the standard error of estimate of the slope).

## **Operationalizing Response-To-Intervention (RTI)**

### **As a Method of LD Identification**

Drs. Doug and Lynn Fuchs, May 2005

#### **Step 4: Designation of Disability, Classification of Disability, and Special Education Placement** (Responsibility: Special Education)

The Tier 2 nonresponders receive an individual, comprehensive evaluation that addresses all of the eligibility determination, evaluation, and procedural safeguards specified in IDEA. Written parental consent is obtained. The evaluation team (including the special education teacher and other qualified professionals) designs an evaluation that rules out mental retardation as an alternative diagnosis using a brief intellectual assessment and rules out other diagnostic possibilities such as emotional disturbance or visual disabilities.

## **Operationalizing Response-To-Intervention (RTI) As a Method of LD Identification**

Drs. Doug and Lynn Fuchs, May 2005

### ***Frequently Asked Questions***

#### **Will this process delay identification?**

The RTI process takes longer than a traditional 1-step comprehensive evaluation. However, beginning at Tier 2, students are receiving services designed to remediate their learning problems. The hope is that the prevention built into RTI will reduce the identification of false positives (i.e., students incorrectly identified as having a disability because they have not received strong instruction) and help many students get on a trajectory toward successful academic outcomes. Also, RTI facilitates prevention and identification early in the primary grades (in contrast to the traditional IQ-achievement discrepancy, which often requires years of schooling before a sizeable discrepancy can accrue).

#### **Does each child have to go through RTI or can a child have a traditional assessment?**

If the school is one that uses the RTI Model, parents should be encouraged to allow their child to go through this process. However, schools should honor parent requests for a traditional 1-step comprehensive evaluation, in lieu of the RTI process. Additional information will be provided when IDEIA 2004 Regulations are finalized.

#### **What will be required for professional development?**

An RTI process of LD identification will require professional development to prepare school staffs to do the following activities:

- Collect and interpret screening scores using existing data or individually administered brief assessments on all students;
- Ensure the quality of general education by selecting validated curricula, by conducting observations to document fidelity of implementing validated curricula, by examining classwide patterns of response to determine when teachers require assistance to improve the quality of their instructional programs, and by providing that assistance to improve the quality of teachers' instructional programs;
- Collect ongoing progress-monitoring data and to interpret the data;
- Design Tier 2 programs that incorporate validated intervention protocols; and
- Implement those Tier 2 programs with fidelity.

#### **Who is responsible for the various activities required to implement RTI as a method of LD identification?**

Faculty in a school building must work collaboratively to implement RTI as a method of LD identification. In some schools, the work is distributed as follows.

- Collecting screening data using existing data or individually-administered brief assessments on all students: teachers and trained aides
- Interpreting screening data: special educators and school psychologists
- Ensuring the quality of general education: curriculum specialists at the school or district level and school psychologists

## **Operationalizing Response-To-Intervention (RTI)**

### **As a Method of LD Identification**

Drs. Doug and Lynn Fuchs, May 2005

- Collecting ongoing progress-monitoring data: teachers and trained aides
- Interpreting progress-monitoring data: special educators and school psychologists
- Designing Tier 2 programs that incorporate validated intervention protocols: special educators and school psychologists
- Implementing Tier 2 programs with fidelity: trained aides under the supervision of the special educators and school psychologists
- Conducting the Step 4 evaluation: special educators and school psychologists

#### **How long will the Step 4 evaluation be and what professional is likely to give the Step 4 assessment?**

The Step 4 evaluation involves only a small number of relatively brief tests to determine disability classification. For example, instead of giving a full-blown intelligence test to rule out mental retardation, school psychologists might administer a 2-subtest Wechsler Abbreviated Scale of Intelligence. Also, Tier 2 should provide key information to supplement what might be ordinarily collected through a traditional evaluation.

#### **What proportion of students is likely to be identified as at risk (for Tier 1 monitoring) and for the Tier 2 diagnostic trial?**

- The proportion of students identified for different steps in the RTI process depends largely on the quality of general education.
- When general education instruction is of questionable quality, research suggests that 20-25% of a school population is likely to be identified as at-risk and demonstrate unresponsiveness to Tier 1. If, however, Tier 2 were high quality, a high proportion of these students would respond and therefore be excluded from disability consideration at the end of Tier 2. Of course, providing the Tier 2 diagnostic instructional trial to 25% of a school population creates resource challenges.
- On the other hand, research also suggests that with high quality general education, only 9-10% of students will be identified as at risk and respond inadequately to Tier 1, with approximately half those students responding to high quality Tier 2 instruction.
- Clearly, a press exists to ensure a high quality general education. In a similar way, integrity of the RTI process requires a strong Tier 2 diagnostic instructional trial.